

POSITION	INITIALS	ID.NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		49	5123/64
FORMALITY REVIEW	T2	947	08/15/01
RESPONSE FORMALITY REVIEW	T8	1113	02/28/02

### INDEX OF CLAIMS

Rejected \_\_\_\_\_  
 Allowed \_\_\_\_\_  
 (Through numeral) .. Canceled \_\_\_\_\_  
 Restricted \_\_\_\_\_

Non-elected \_\_\_\_\_  
 Interference \_\_\_\_\_  
 Appeal \_\_\_\_\_  
 Objected \_\_\_\_\_

Claim	Date
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

(LEFT INSIDE)

KCC-2X583  
 08/15/01  
 6/16/02

updated 05.14.04